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FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change 02/02/2006

SIMPSON & SIMPSON, PLLC 5555 Main Street Williamsville, NY 14221-5406

04/24/2009 CCHAU2 00000062 10611329

01 FC:2501

APPLICATION NO.

755.00 GP

FILING DATE

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Robert C. Atkinson	(Depositor's name)
Theren	(Signature)
April 21, 2009	(Date)

ATTORNEY DOCKET NO. | CONFIRMATION NO.

	1				1		1		
10/611,329 TITLE OF INVENTION:	06/30/2003	Sargur Srihari			F	RESP:111US		3822	
METHOD AND APPAR	ATUS FOR ANALYZING	S AND/OR COM	IPARING H	ANDWRITTEN AND/C	R BIOMETRI	C SAMPLES			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTA	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$755	_	\$0	\$7	755	05/04/2009		
EXAMINER ART		ART UN	UNIT CLASS-SUBCLASS						
DESIRE, GREGORY M.		2624		382-115000		_			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Unless an	ESIDENCE DATA TO BE PR assignee is identified below, no letion of this form is NOT a sub	assignee data will a	ppear on the p		fied below, the do	cument has been fil	ed for recordation	on as set	
(A) NAME OF ASSIGNEE			(B) RESIDE	NCE: (CITY and STATE OR	COUNTRY)				
The Research Foo NY	undation of State Uni	versity of	Amhers	t, NY					
Please check the appropriate as	ssignee category or categories (will not be printed or	n the patent) :	Individual	Corporation	or other private grou	ıp entity	Governmen	
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Issue Fee			A check in the amount of the fee(s) is enclosed.						
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Advance Order - # of C	The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0822								
5. Change in Entity Status (fr	rom status indicated above)								
X a. Applicant claims SM	IALL ENTITY status. See 37 C	FR 1.27.	b. Appli	icant is no longer claiming SM	MALL ENTITY s	tatus. See 37 CFR 1	.27(g)(2).		
NOTE: The Issue Fee and Publ	requested to apply the Issue Fee lication Fee (if required) will no nited States Patent and Tradema	t be accepted from a	e (if any) or to anyone other t	re-apply any previously paid than the applicant; a registered	l issue fee to the a d attorney or agen	pplication identified t; or the assignee or	d above. other party in i	nterest as	
Authorized Signature	A DE	las)	Date	April a	21,2009		_	
Typed or printed name	Robert C. Atkinson, Es	n .		Regist	ration No. 57.5	84			

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